Chapter 13
Section 11.1
Table 1

Benefits And Beneficiary Payments Under The TRICARE Program

NOTE 1: The beneficiary payments in this attachment shall be applied through the end of FY 99. In subsequent fiscal years, beneficiary copayments (i.e., beneficiary payments expressed as a specified amount) and enrollment fees may be updated for inflation annually (cumulative effect applied and rounded to the nearest whole dollar) by the national CPI-U medical index (the medical component of the Urban Consumer Price Index). Beneficiary cost shares (i.e., beneficiary payments expressed as a percentage of the provider's fee) will not be similarly updated.

I. TRICARE PRIME PROGRAM ANNUAL ENROLLMENT FEES

Does not apply to the TRICARE Extra Program (Also see "Point of Service Option", paragraph IV., below.):

	TRICARE PRIME PROGRAM						
ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS, ELIGIBLE FORMER SPOUSES					
E1 - E4	E5 & ABOVE	& SURVIVORS					
None	None	\$230 per Retiree or Family Member \$460 Maximum per Family EXCEPTION: Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.					

II. TRICARE EXTRA PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime Program. (Also see "Point of Service Option".)

TRICARE EXTRA PROGRAM						
ACTIVE DUTY FA	RETIREES, THEIR FAMILY MEMBERS &					
E1 - E4	E5 & ABOVE	Survivors				
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family				

CHAPTER 13, SECTION 11.1, TABLE 1 TRICARE/CHAMPUS POLICY MANUAL 6010.47-M JUNE 25, 1999

III. TRICARE STANDARD PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

TRICARE STANDARD PROGRAM							
ACTIVE DUTY FA	RETIREES, THEIR FAMILY MEMBERS &						
E1 - E4	E5 & Above	Survivors					
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family					

NOTE 2: These charts are not intended to be a comprehensive listing of all services covered under TRICARE. All care is subject to review for medical necessity and appropriateness:

NOTE 3: An eligible former spouse is responsible for payment of copayment/cost-sharing amounts identical to those required for beneficiaries other than family members of active duty members.

IV. OUTPATIENT SERVICES:

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM				
a Note a	ACTIVE DUTY FA	AMILY M EMBERS			TOLOADE		
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM		
INDIVIDUAL PROVIDER SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	prior to April 1, 2001, \$6 copayment per visit. For care provided on or after April 1, 2001, \$0		per visit.	Members: Cost-share15% of the fee negotiated by contractor. Retirees, their Family Members and Survivors: Cost-share20% of the	Active Duty Family Members: Cost-share20% of the allowable charge. Retirees, their Family Members and Survivors: Cost-share25% of the allowable charge.		

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM				
SEE NOTE 8:	ACTIVE DUTY FA	AMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS		TRICARE STANDARD		
Type Of Service	E1 - E4	E5 & ABOVE	& SURVIVORS	TRICARE EXTRA PROGRAM	Program		
	For care	For care	1 0	, v	Active Duty family		
SERVICES	prior to April 1, 2001, \$6	1, 2001, \$12	(See NOTE 4:)	Cost-share15% of the fee negotiated by the	Members: Cost-share20% of the allowable charge.		
	per visit.	copayment per visit. (See NOTE 4:)	No copayment (See NOTE 5:)		Retirees, their Family		
	provided on or after April 1, 2001, \$0	For care provided on or after April 1, 2001, \$0 copayment per visit.		Cost-share20% of the	Members and Survivors: Cost-share25% of the allowable charge.		
ANCILLARY SERVICES Refer to Chapter 13, Section 11.1 for specific CPT code ranges	copayment	No copayment (See NOTE 5:)					

NOTE 4: For dates of service prior to March 26, 1998, the contractor will not assess a copayment for these services if they are provided as part of an office visit for which a copayment was collected and if they are billed by the physician who provided the office visit. If, however, these services are performed by the office visit provider on a date different from the office visit or performed by a different provider such as an independent laboratory or radiology facility (even if performed on the same day as the related office visit) the beneficiary will owe a separate copayment for the services. Also, no copayment will be collected for these services when they are billed and provided as clinical preventive services to TRICARE Prime Enrollees.

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)						
TRICARE BENEFITS TRICARE PRIME PROGRAM						
C== NOTE 0			-		TDICADE CTANDAD	
SEE NOTE 8: Type Of Service			FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM	

NOTE 5: For dates of service on or after March 26, 1998, under TRICARE Prime, services defined as "ancillary services" in Chapter 13, Section 11.1 require no copayment.

ROUTINE PAP SMEARS	No	No	No copayment.	Active Duty Family	Active Duty Family
Frequency to depend on	copayment.	copayment.		Members:	Members:
physician recommendations				Cost-share15% of the	Cost-share20% of the
based on the published				fee negotiated by the	allowable charge.
guidelines of the American				contractor.	
Academy of Obstetrics and					
Gynecology. (See NOTE 4:)					Retirees, their Family
AMBULANCE SERVICES	For care	For care	\$20 copayment		Members and Survivors:
When medically necessary as	provided	provided	ner occurrence		Cost-share25% of the
defined in this Policy	prior to April	prior to April		3	allowable charge.
Manual and the service is a	1, 2001, \$10	1, 2001, \$15		contractor.	
covered benefit.	copayment	copayment			
	per	per			
	occurrence.	occurrence.			
	_	_			
		For care			
	1	provided on			
		or after April			
	1, 2001, \$0	1, 2001, \$0			
	- 0	copayment per			
	occurrence.	occurrence.			
	occurrence.	occurrence.			

BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

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BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	GRAM				
0 NOTE 0	ACTIVE DUTY FA	AMILY MEMBERS	RETIREES, THEIR		TRICARE		
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE Extra Program	TRICARE STANDARD PROGRAM		
	For care	For care		Active Duty Family	Active Duty Family		
Emergency and urgently	provided	provided	per emergency	Members:	Members:		
needed care obtained on an	prior to April	prior to April	room visit.	Cost-share15% of the	Cost-share20% of the		
outpatient basis, both	1, 2001 , \$10	1, 200 1, \$30		fee negotiated by the	allowable charge.		
network and non-network,	copayment	copayment		contractor.			
and in and out of the Region.	- 0	per					
S	I -	emergency		Retirees, their Family	Retirees, their Family		
		room visit.			Members and Survivors:		
				Cost-share20% of the	Cost-share25% of the		
	For care	For care		fee negotiated by the	allowable charge.		
		provided on		contractor.			
	-	or after April					
	1, 2001, \$0	1, 2001, \$0					
		copayment					
		per					
	1	emergency					
	0 0	room visit.					
	TOOM VISIL	TOOM VISIL					

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BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	GRAM				
C NOTE O	ACTIVE DUTY FA	AMILY MEMBERS	•		TDIO A DE Constant		
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM		
DURABLE MEDICAL	For care	For care	Cost-share -	Active Duty Family	Active Duty Family		
EQUIPMENT (DME),	provided	provided	20% of the fee	Members:	Members:		
PROSTHETIC DEVICES, AND	prior to April	prior to April	negotiated by	Cost-share15% of the	Cost-share20% of the		
MEDICAL SUPPLIES	1, 2001, cost-	1, 2001, cost-	the contractor.	fee negotiated by the	allowable charge.		
PRESCRIBED BY AN	share - 10% of	share - 15% of		contractor.	_		
AUTHORIZED PROVIDER	the fee	the fee					
WHICH ARE COVERED	negotiated by	negotiated by		Retirees, their Family	Retirees, their Family		
BENEFITS	the contractor.	the contractor.		Members and Survivors:	Members and Survivors:		
(If dispensed for use outside				Cost-share20% of the	Cost-share25% of the		
of the office or after the home	For care	For care		fee negotiated by the	allowable charge.		
visit.)	provided on	provided on		contractor.	_		
	or after April	or after April					
	1, 2001, cost	1, 2001, cost					
	share is 0% of	share is 0% of					
	the fee	the fee					
	negotiated by	negotiated by					
		the contractor.					

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM				
	ACTIVE DUTY FA	AMILY MEMBERS RETIREES, THEIR					
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM		
HOME HEALTH CARE	For care	For care	\$12 copayment	Active Duty Family	Active Duty Family		
Part-time skilled nursing	provided	provided	per visit.	Members:	Members:		
care, physical, speech &	prior to April	prior to April		Cost-share15% of the	Cost-share20% of the		
occupational therapy,	1, 2001, \$6	1, 2001 , \$12		fee negotiated by the	allowable charge.		
medical supplies, DME,	copayment	copayment		contractor.	_		
portable x-ray, and drugs	per visit.	per visit.					
when medically necessary				Retirees, their Family	Retirees, their Family		
and which are covered	For care	For care		Members and Survivors:	Members and Survivors:		
benefits.	provided on	provided on		Cost-share20% of the	Cost-share25% of the		
	or after April	or after April		fee negotiated by the	allowable charge.		
NOTE: There is a single copayment	1, 2001, \$0 per	1, 2001, \$0 per		contractor.			
for the home health visit and all	visit.	visit.					
related services and supplies.							

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BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM				
A NOTE O	ACTIVE DUTY FA	AMILY MEMBERS	•		TD104D5 0		
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM		
FAMILY HEALTH SERVICES			1 0	· · · · · · · · · · · · · · · · · · ·	Active Duty Family		
Family planning and well	1	1	1	Members:	Members:		
baby care (up to 24 months	prior to April	prior to April	(See NOTE 4:)	Cost-share15% of the	Cost-share20% of the		
of age). The exclusions listed	1, 2001, \$6	1, 2001 , \$12		fee negotiated by the	allowable charge.		
in this Policy Manual will	copayment	copayment		contractor.			
apply.	per visit.	per visit.					
	(See NOTE 4:)	(See NOTE 4:)		Retirees, their Family	Retirees, their Family		
				Members and Survivors:	Members and Survivors:		
	For care	For care		Cost-share20% of the	Cost-share25% of the		
	provided on	provided on		fee negotiated by the	allowable charge.		
	or after April	or after April		contractor.	C		
	-	1, 2001, \$0					
		copayment					
	per visit	per visit					

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM				
O NOTE O	ACTIVE DUTY FA	AMILY MEMBERS	•		TDIO A DE Casasas		
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM		
	provided prior to April 1, 2001, \$10 copayment for individual visits and/or \$6 copayment for group visits. For care	prior to April 1, 2001, \$20 copayment for individual visits and/or	for individual visits. \$17 copayment for group visits.	Members: Cost-share15% of the fee negotiated by the contractor. Retirees, their Family Members and Survivors: Cost-share20% of the	Active Duty Family Members: Cost-share20% of the allowable charge. Retirees, their Family Members and Survivors: Cost-share25% of the allowable charge.		

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)						
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM			
CEL NOTE O.	ACTIVE DUTY FA	AMILY MEMBERS	RETIREES, THEIR		TDICADE CTANDADO	
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE Extra Program	TRICARE STANDARD PROGRAM	
PRESCRIPTION DRUGS					Not Applicable	
	supply of generic drug, \$9 per 30-day Rx up to a 90- day supply of a brand name	per 30-day Rx up to a 90-day supply of generic drug, \$9 per 30-day Rx up to a 90- day supply of a brand name	per 30-day Rx up to a 90-day supply of generic drug, \$9 per 30-day Rx up to a 90-day supply of a	Deductible: None. Cost-Share: Same as TRICARE Prime Program.		
	See Policy Manual, Chapter 13, Section 26.1. Co-Pay: 50% of the	See Policy Manual, Chapter 13, Section 26.1. Co-Pay: 50% of the allowable	Deductible: See Policy Manual, Chapter 13, Section 26.1. Co-Pay: 50% of the allowable charge.	Not Applicable	Deductible: Yes-Standard. Cost-Share: \$9 or 20%, whichever is greater, of the allowable charge.	

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BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)						
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM			
SEE NOTE 8:	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS		TRICARE STANDARD	
Type Of Service	E1 - E4	E5 & ABOVE	& Survivors	TRICARE EXTRA PROGRAM	Program	
NATIONAL MAIL ORDER PHARMACY (NMOP)	per Rx up to a 90-day supply of a generic drug, \$9 per Rx up to a 90- day supply of a formulary brand name	per Rx up to a 90-day supply of a generic drug, \$9 per Rx up to a 90- day supply of a formulary brand name	per Rx up to a 90-day supply of a generic drug, \$9 per Rx up to a 90-day	Deductible: None. Cost-Share: Same as TRICARE Prime Program.	Not Applicable	
AMBULATORY SURGERY (same day) Authorized hospital-based or freestanding ambulatory surgical center that is TRICARE certified.	provided prior to April 1, 2001, \$25 copayment. For care provided on or after April 1, 2001, \$0	For care provided prior to April 1, 2001, \$25 copayment. For care provided on or after April 1, 2001, \$0 copayment.		Members and Survivors: Cost-share 20% of the fee	Active Duty Family Members: \$25. Retirees, their Family Members and Survivors: Lesser of 25% of group rate or 25% of billed charge.	

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IV. OUTPATIENT SERVICES: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)							
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM				
C NOTE O	ACTIVE DUTY FA	AMILY MEMBERS	•		TOLOADE COMO CO		
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM		
IMMUNIZATIONS (See NOTE	For care	For care	Not covered	Active Duty Family	Active Duty Family		
6:)	provided	provided	under Prime.	Members:	Members:		
Immunizations required for	prior to April	prior to April		Cost-share 15% of the fee	Cost-share 20% of the		
active duty family members	1, 2001, \$6	1, 2001, \$12		negotiated by the	allowable charge.		
whose sponsors have	copayment	copayment		contractor.			
permanent change of station	per visit.	per visit.					
orders to overseas locations.	(See NOTE 2:)	(See NOTE 2:)			Retirees, their Family		
				Members and Survivors:	Members and Survivors:		
	For care	For care		Not covered under	Not covered under		
	provided on	provided on		TRICARE Extra.	TRICARE Standard.		
	or after April	or after April					
	1, 2001, \$0	1, 2001, \$0					
	copayment	copayment					
	per visit.	per visit.					

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)						
TRICARE BENEFITS	TRIC	CARE PRIME PRO	OGRAM			
2 11075 2	ACTIVE DUTY FA	AMILY MEMBERS	•		TOLOADE	
SEE NOTE 8: Type Of Service	E1 - E4	E5 & ABOVE	FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM	
EYE EXAMINATIONS (See	For care	For care	Not covered	Active Duty Family	Active Duty Family	
NOTE 6:)	provided	provided	under Prime.	Members:	Members:	
One routine examination per	prior to April	prior to April	(See NOTE 6:)	Cost-share 15% of the fee	Cost-share 20% of the	
year for family members of	1, 2001, \$6	1, 2001, \$12		negotiated by the	allowable charge.	
active duty sponsors.	copayment	copayment		contractor.		
		per				
	examination.	examination.		Retirees, their Family	Retirees, their Family	
	(See NOTE 2:)	(See NOTE 2:)		Members and Survivors:	Members and Survivors:	
				Not covered under	Not covered under	
	For care	For care		TRICARE Extra.	TRICARE Standard.	
	provided on	provided on				
	or after April	or after April				
	1, 2001, \$0 per	1, 2001, \$0 per				
	examination.	examination.				

NOTE 6: Additional immunizations and eye examinations are covered under the TRICARE Prime Program's "clinical preventive services". See Chapter 1, Section 10.1A.

CLINICAL PREVENTIVE SERVICES (SEE NOTES 5 AND 6)	BENEFICIARY COPAYMENT
	TRICARE PRIME PROGRAM
Type Of Service	ALL BENEFICIARIES CATEGORIES
CLINICAL PREVENTIVE SERVICES Includes those services listed in Chapter 1, Section 10.1A.	No copayment. See NOTE 6:
NOTE 7: No consyment may be collected for these services when they are hilled and provided	as specified in Chapter 1 Section 10.1A

NOTE 7: No copayment may be collected for these services when they are billed and provided as specified in Chapter 1, Section 10.1A.

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CLINICAL PREVENTIVE SERVICES (SEE NOTES 5 AND 6)	BENEFICIARY COPAYMENT
	TRICARE PRIME PROGRAM
Type Of Service	ALL BENEFICIARIES CATEGORIES
NOTE 8: No enhanced outpatient benefits under the TRICARE Extra Program.	

V. INPATIENT SERVICES

TRICARE STANDARD BENEFITS		Bene	FICIARY COPAYMENT/COST-SHAR	E		
(SEE NOTE 9:)	TRICARE PRI	ME PROGRAM				
	RETIREES, THEIR ACTIVE DUTY FAMILY MEMBERS					
Type Of Service	TYPE OF SERVICE FAMILY MEMBERS & SURVIVORS TRICARE EXTRA PROGRAM TRICARE STANDARD PROGRAM					
NOTE 9: No enhanced inpatient benefits under the TRICARE Prime or Extra programs.						

V. INPATIENT SERVICES (Continued)

TRICARE STANDARD BENEFITS	BENEFICIARY COPAYMENT/COST-SHARE				
(SEE NOTE 9:)	TRICARE PRIME PROGRAM				
Type Of Service	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS	TRICARE Extra Program	TRICARE STANDARD PROGRAM	
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services, meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology services, necessary medical supplies and appliances, blood and blood products. Unlimited services with authorization, as medically necessary. MATERNITY Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary.	For care provided prior to April 1, 2001, \$11 per diem charge (\$25 minimum charge per admission). For care provided on or after April 1, 2001, \$0 per diem per admission. No separate copayment/cost-share for separately billed professional charges.	\$11 per diem charge (\$25 minimum charge per admission). No separate copayment/cost-share for separately billed professional charges.	Active Duty Family Members: Per diem charge (\$25 minimum charge per admission). No separate cost- share for separately billed professional charges. Retirees, their Family Members and Survivors: \$250 per diem copayment or 25% cost-share of total charges (based on the fee schedule negotiated by the contractor), whichever is less, for institutional services, whichever is less, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	Active Duty Family Members: Per diem charge (\$25 minimum charge per admission). No separate cost-share for separately billed professional charges. Retirees, their Family Members and Survivors: Per diem copayment or 25% cost-share of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable for separately billed professional charges.	

V. INPATIENT SERVICES (Continued)

TRICARE STANDARD BENEFITS	BENEFICIARY COPAYMENT/COST-SHARE				
(SEE NOTE 9:)	TRICARE PRIME PROGRAM				
Type Of Service	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS	TRICARE Extra Program	TRICARE STANDARD PROGRAM	
SKILLED NURSING FACILITY	For care	\$11 per diem	Active Duty Family	Active Duty Family	
CARE	provided prior	charge (\$25	Members:	Members:	
Semiprivate room, regular	to April 1, 2001,	minimum		Per diem charge (\$25	
nursing services, meals	\$11 per diem	charge per	minimum charge per	minimum charge per	
including special diets, physical,	charge (\$25	admission).	admission).	admission).	
occupational and speech	minimum				
therapy, drugs furnished by the	charge per			Retirees, their Family	
facility, necessary medical	admission).			Members and Survivors:	
supplies, and appliances.	Г		1 1	25% cost-share of allowed	
Unlimited services with	For care			charges for institutional	
authorization, as medically	provided on or		(based on the fee schedule	services, plus 25% cost-share	
necessary.	after April 1,		negotiated by the contractor), whichever is less, for	of allowable for separately billed professional charges.	
	2001, \$0 per diem charge		institutional services, plus	billed professional charges.	
	per admission.		20% cost-share of separately		
	per admission.		billed professional charges		
	No separate	No separate	(based on the fee schedule		
	copayment/	copayment/	negotiated by the contractor).		
	cost-share for	cost-share for	negotiated by the contractor).		
	separately	separately			
	billed	billed			
	professional	professional			
	charges.	charges.			

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V. INPATIENT SERVICES (Continued)

TRICARE STANDARD BENEFITS		Beni	FICIARY COPAYMENT/COST-SHAR	E
(SEE NOTE 9:)	TRICARE PRIME PROGRAM			
Type Of Service	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
FOR MENTAL ILLNESS With authorization, up to 30 days per fiscal year for adults (age 19+), up to 45 days per fiscal year for children under age 19; up to 150 days residential treatment for children and adolescents. SUBSTANCE USE TREATMENT (Inpatient, partial) With authorization, 7 days for detoxification and 21 days for rehabilitation per 365 days. Maximum of one rehabilitation program per year and three per lifetime. Detoxification and rehabilitation days count toward limit for mental health benefits. PARTIAL HOSPITALIZATION- MENTAL HEALTH With authorization, up to 60 days per fiscal year (minimum of 3 hours/day of therapeutic services).	For care provided prior to April 1, 2001, \$20 per diem charge (\$25 minimum charge per admission). For care provided on or after April 1, 2001, \$0 per diem charge per admission. No separate copayment/cost-share for separately billed professional charges.	No separate copayment/cost-share for separately billed professional charges.	Active Duty Family Members: \$20 per diem charge (\$25 minimum charge per admission). Retirees, their Family Members and Survivors: 20% cost-share of total charges (based on the fee schedule negotiated by the contractor) for institutional services, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	Active Duty Family Members: \$20 per diem charge (\$25 minimum charge per admission). Retirees, their Family Members and Survivors: Inpatient High Volume Hospital: 25% hospital specific per diem. Inpatient Low Volume Hospital: Lower of fixed daily amount or 25% hospital billed charges. RTC: 25% of the TRICARE allowed amount. Partial Hospitalization: 25% of the TRICARE allowed amount. Plus, 25% cost- share of allowable charges for separately billed professional charges.

VI. POINT OF SERVICE

TRICARE STANDARD BENEFITS (SEE		ENT/COST-SHARE		
NOTE 9:)	TRICARE PRI	ime Program		
Type Of Service	ACTIVE DUTY FAMILY MEMBERS RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
A Prime enrollee may receive services under the Point of Service option by self-referring for non-emergency care. Refer to Chapter 13, Section 26.1, for policy on the Point of Service option.	Outpatient Deductible: \$300.00 individual \$600.00 family. Inpatient and Outpatient Cost-Share: 50% of the allowed charges (See NOTE 10:).	Outpatient Deductible: \$300.00 individual \$600.00 family. Inpatient and Outpatient Cost-Share: 50% of the allowed charges (See NOTE 10:).	Point of Service Option does NOT apply to TRICARE Extra beneficiaries.	Point of Service Option does NOT apply to TRICARE Standard beneficiaries.

BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

TRICARE/CHAMPUS POLICY MANUAL 6010.47-M JUNE 25, 1999
CHAPTER 13, SECTION 11.1,TABLE 1

NOTE 10: TRICARE reimbursement will be limited to 50% of the billed/allowed charges.

Refer to Chapter 13, Section 14.1 for information on catastrophic loss protection.